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## **RESERVATION FORM**

	June 1- 4, 2010	
Name:		
Address:		
City:	State:	Zip Code:
Country:		
Telephone Number:		Fax Number:
Email:		
Arrival Date:		
Departure Date:		
Number of People in Room:		
A valid credit card is mandatory to gua	rantee all reservations.	
Credit Card Number:		Exp. Date:
CID #(this is the it is a 4-digit number on the front right		signature strip on your credit card, for American Express
Name as shown on Credit Card:		
Special Requests: (Dietary or ro-	om)	
Return to Reservations	0066 OR Email to info@	
Return to Reservations Fax (410) 446-9	O066 OR Email to info@  Cancellation date is 30	<u>harbourtowne.com</u>

Harbourtowne Use Only:

Date:

Input by:\_